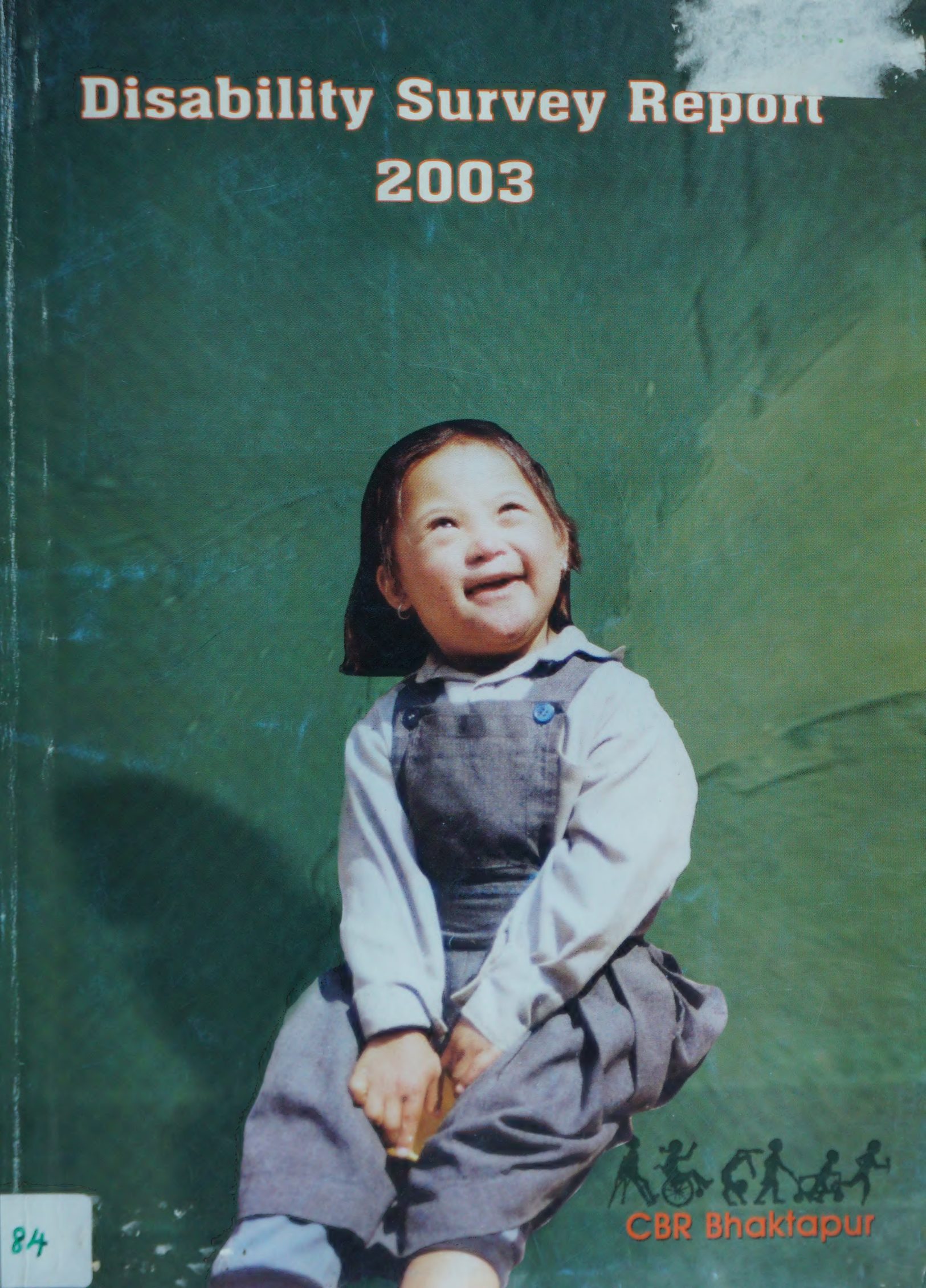
Disability Survey Report 2003



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Disability Survey Report

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शुभकामना ।

सि.वि.आर.ओ .भक्तपुर अपाङ्ग बाल बालिकाहरुको सेवामा समर्पित विशुद्ध सामाजिक संस्थाको रुपमा संचालन भैरहेको गैर सरकारी संस्था हो । मानवीय सेवाको लागि मूल्य र मान्यतामा आधारित रहि समाजमा अपाङ्गहरुले हेयका दृष्टिकोणले बाच्नु नपरोस भनि अपाङ्गहरुको जनसंख्या शिक्षा, रोजगारी जस्ता विषय वस्तुहरुलाइ समावेश गरी अन्वेषणात्मक रुपमा भक्तपुर जिल्लामा रहेका अपाङ्गहरुको नमूना सर्वेक्षण प्रकाशनमा ल्याउन लागेकोमा मलाई खुशी लागेको छ । तथ्याङ्क अनुसार भक्तपुर जिल्लाको जम्मा जनसंख्याको ३.०६ % अपाङ्गहरु रहेको र ती अपाङ्गहरु हुनका कारणहरु समेतको विस्तृत खोजी गरी अपाङ्गहरुलाई शिक्षा र रोजगारी उपलब्ध गराइ समाजमा समान अधिकारको लागि गरिएको वास्तविक प्रयासलाई समेत समेटन सफल भएको यो सर्वेक्षण समाज सुधारको लागि उपयुक्त हुने आशा , विश्वास र भरोसा लिदै सि.वि.आर.ओ. भक्तपुरले भविष्यमा उत्तरोत्तर सफलता प्राप्त गर्न सक्षम रहोस भनि शुभकामना व्यक्त गर्दछु ।

गेहनाथ भण्डारी

प्रमुख जिल्ला अधिकारी

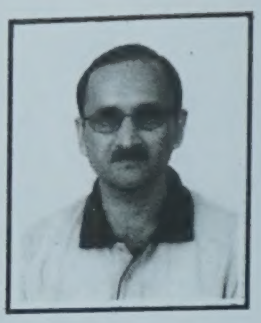
भक्तपुर

जिल्ला प्रशासन कार्यालय

दरवार स्क्वायर

भक्तपुर

मिति : २०६०।४।१



६-१४८२६ स्था.वि.अ
६-१२२४१ कार्यालय
६-१०१७० "
६-१०२४१ "

जिल्ला विकास समितिको कार्यालय

स्थानीय विकास मन्त्रालय
जिल्ला विकास समितिको कार्यालय
भक्तपुर

पत्रसंख्या :
च.नं. २०४७

मिति :०६०।४।१४

विषय :- **शुभकामना ।**

सि.वि.आर संस्था भक्तपुरको पहल र जिल्लाका स्थानीय निकायको वीत्तिय सहयोगमा जिल्लामा विद्यमान विभिन्न किसिमको अपाङ्गताको स्थिति सम्वन्धी विस्तृत अध्ययन गरी वस्तुगत विवरणहरु समावेश भएको प्रतिवेदन प्रकाशन हुन लागेकोमा प्रशन्नता लागेको छ । यस प्रतिवेदनले आगामी दिनमा अपाङ्गहरुका लागि दिगो र समतामूलक विकास कार्यक्रम संचालन गर्न ठोस सहयोग पुग्ने विश्वास लिएको छु । यस प्रकाशनले जिल्लामा रहेको अपाङ्गताको वस्तुस्थिती प्रष्ट पार्ने मात्र नभई सामाजिक क्षेत्रका कार्यक्रम सञ्चालन गर्ने निकाय बीच कार्यगत समन्वय र सेवा प्रवाहमा समेत बल पुऱ्याउने आशा गर्न सकिन्छ ।

अन्तमा, यो प्रतिवेदन तर्जुमा गर्ने कार्यमा संलग्न सम्पूर्ण महानुभाव एवं सि.वि.आर. संस्था प्रति हार्दिक धन्यवाद ज्ञापन गर्न चाहन्छु ।

(महेश प्रसाद दहाल)
स्था.वि.अ.
स्थानिय विकास अधिकारी

श्री नगरपालिका

भक्तपुर नगरपालिका

BHAKTAPUR MUNICIPALITY

(DURBAR SQUARE, BHAKTAPUR)

पत्र संख्या :-

चलानी नं :-

शुभकामना !

समुदायमा आधारित पुनर्स्थापना संस्था भक्तपुरले स्थानीय निकायहरु समेतको आर्थिक सहयोगमा भक्तपुर जिल्लामा संचालन गरेको अपाङ्गता सम्बन्धी नमूना सर्भेक्षण कार्य सम्पन्न गरी प्रतिवेदन प्रकाशन गर्न लागेको जानकारी पाउँदा खुशी लागेको छ । यो संस्था लामो समयदेखि यस जिल्लामा अपाङ्गहरुको उत्थान र पुनर्स्थापन सम्बन्धी काम गरी आएको हुँदा यसले सम्पन्न गरेको प्रस्तुत अध्ययन प्रतिवेदनको विषयवस्तु एवं गुणस्तर सम्बद्ध सबैलाई उपयोगी हुने ठान्दछु । यस प्रतिवेदनमा समेटिएका "अपाङ्गताको प्रतिशत, प्रकार, हुनाका कारण, उमेरहरुको शिक्षा र आयमूलक क्रियाकलापमा पहुँच, पुनर्स्थापना र परिवार, समाजमा सहभागिता" आदि बारेका विश्लेषणात्मक सूचना र जानकारीहरु भावी योजना तथा कार्यक्रम तर्जुमा गर्न स्थानीय निकायहरु लगायत सम्बद्ध सबै सरोकारवालाहरुले प्रयोगमा ल्याउने छन् भन्ने आशा गर्दछु । यस्ता वस्तुगत सूचनाका आधारमा तर्जुमा गरिएका योजना र कार्यक्रम बढी स्पष्ट, यथार्थ र व्यवहारिक हुने हुँदा यीनको कार्यान्वयन पनि सरल, स्पष्ट र उपलब्धिमूलक हुने छन्, नसकाट यस जिल्लामा रहेका अपाङ्गहरुले समुदायमा समानता र सम्मानजनक रुपमा पुनर्स्थापित हुन सकने छन् भन्ने कामना गर्दछु ।

यस प्रकारको मानवीय पुनित कार्यमा अग्रसर सी. बी. आर. ओ. भक्तपुरलाई हार्दिक बधाई सहित भविष्यमा संस्थाको उद्देश्य प्राप्तिमा अझ बढी सफलता हासिल हुँदै जाओस् भन्ने शुभकामना ।

(बद्री नाथ घिमिरे)
कार्यकारी अधिकृत

मध्यपुर थिमि नगरपालिका

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शुभकामना

सर्वप्रथम, समुदायमा आधारित पुनर्स्थापन संस्था (C.B.R) भक्तपुरले, भक्तपुर जिल्लामा रहेका अपाङ्गता भएका व्यक्तीहरुको स्थिति र अवस्था बारे अध्ययन प्रतिवेदन प्रकाशित गर्न लागेकोमा यस मध्यपुर थिमि नगरपालिकाको तर्फबाट हार्दिक शुभकामना व्यक्त गर्न चाहन्छु ।

अपाङ्गताको प्रतिशत, प्रकार, हुनाका कारण, उनीहरुको शिक्षा र आयमुलक कियाकलापमा पहुंच, पुनर्स्थापना र परिवार, समाजमा सहभागीता बारे विश्लेषनात्मक सूचना र जानकारी प्राप्त गर्ने अभिप्रायले गरिएको यस सर्वेक्षण प्रतिवेदनको माध्यमबाट अपाङ्गता भएका व्यक्तीहरुलाई पनि सामान्य नागरिक झै विकास कार्य तथा अन्य कियाकलापहरुमा समेत समान अवसर प्रदान गरी समाजलाई अधि बढाउन सहयोग मिल्ने विश्वास लिएको छु । अन्तमा यस प्रतिवेदनले अपाङ्गता भएका व्यक्तीहरुलाई हेला र घृणाको दृष्टिले हेर्ने वर्तमान सामाजिक परम्परामा परिवर्तन ल्याई उनीहरुलाई माया, ममता र स्नेहयुक्त व्यवहार तथा समान अवसर उपलब्ध गर्दै समाजका अन्य व्यक्तीहरु सरह अंगिकार गर्ने महत्वपुर्ण परिवर्तन ल्याउनमा सफलता मिलोस भन्ने शुभकामना व्यक्त गर्दै अपाङ्गता भएका व्यक्तीहरुलाई दया होइन, अवसर दिउं भन्न चाहन्छु ।

०६०।५।२९

हरि बहादुर वि.सी.
कार्यकारी अधिकृत
म.थि.न.पा.

कार्यकारी अधिक

Acknowledgements

The study on a situation analysis on disability in Bhaktapur was launched under the leadership of Bhaktapur Community Based Rehabilitation Organization, Bhaktapur. The study was conducted in 2002-2003 with technical support of Key Research Nepal Pvt. Ltd. Overall field works and data entry process were done by CBR Bhaktapur. Funds were mobilized from local development offices (Madhyapur Thimi Municipality, Bhaktapur Municipality and District Development Committee).

This kind of study on disability is the first in Bhaktapur. The main objective of this study is to find out the situation of persons with disability, regarding to prevalence, causes, access to rehabilitation services, and inclusion and participation of person/children with disabilities in education, income generation, activities and in socio-cultural activities. The study covered about 5026 [858 households] out of total population of Bhaktapur. We hope the study gives analytical information on disability, which will help to develop planning and programming for the rights of the people and children with disability in Bhaktapur.

We would like to give our sincere gratitude to the members of the advisor committee and steering committee for the study, for their valuable suggestions and feedback.

We highly appreciate on the works done by field workers (enumerators) who collected first hand information and would like to give gratitude to those families who did cooperation on the study.

I would like to extent my thanks to Mr. Bishnu Bhakta Kawan (CBR staff) for his great contribution to this work on the study and thanks also goes to Mr. Om Prakash Shrestha (CBR staff) for his valuable cooperation.

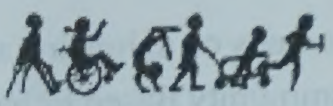
I am grateful and my gratitude goes to Mr. Surya Bhakta Prajapati, Chairman of CBR Bhaktapur and Mr. Suresh Rajbhandari, Chairman of Voice of Equal Opportunity for their valuable inputs and feedback.

Further, I would like to extend my gratitude to Key Research Nepal Pvt. Ltd., specially to Mr. Arun Katel and Loonibha Chitrakar for their valuable technical supports and completion of report writing of this study. I extend my sincere gratitude to Mr. Suresh Raj Bhuju for his support on developing software for data entry in computer, Nepalhost (P) Ltd. for computer setting and cover design and thanks also to Miss Ganga Prajapati for data entry.

I am grateful and extend gratitude to District Development Committee, Bhaktapur Municipality and Madhyapur Thimi Municipality for financial contribution for conducting this study.

Lastly, I would like to give thanks to all the members of District Disabled NGOs Coordination Committee and directly and indirectly all those persons and organizations who gave valuable time, inputs and feedback for the completion of this study.

- Ramesh Ram Shrestha
CBR Co-ordinator
CBRO Bhaktapur



Advisory Committee

1.	Chief District Officer	Bhaktapur District
2.	Local Development Officer	District Development Committee, Bhaktapur
3.	Chief Executive Officer	Bhaktapur Municipality
4.	Chief Executive Officer	Madhyapur Thimi Municipality, Bhaktapur
5.	Chairman	VDC Federation, Bhaktapur
6.	Director	Resource Center for Rehabilitation and Development (RCRD)
7.	Chairman	Mentally Retarded Welfare Society, Bhaktapur

Disability Survey Support Committee

1.	Ramesh Ram Shrestha	Coordinator, CBR Organization, Bhaktapur
2.	Maheswor Shrestha	District Public Health Office, Bhaktapur
3.	Suresh Rajbhandari	Samanata Ko Lagi Aawaj, Bhaktapur
4.	Sabitri Karki	Nepal Blind Association, Bhaktapur
5.	Babu Kaji Ranjitkar	Manav Bidhya Griha, Thimi

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Mr.Arun Kattel	Assistant Manager
Mr.Loonibhah Chitrakar	Research Executive

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Mr. Om Prakash Shrestha	Survey Team Member
Mr. Balkrishna Sharma	Survey Team Member
Mr. Gokul Dahal	Survey Team Member
Mr. Manoj Basnet	Survey Team Member
Mr. Pralhad Ban	Survey Team Member
Mr. Yogendra Munakarmi	Survey Team Member
Mr. Kiran Shrestha	Survey Team Member
Mr. Tulsi Krishna Dhuju	Survey Team Member
Mr. Puskar Lamichane	Survey Team Member
Mr. Suresh Bhuju	Computer Programmer
Miss Ganga Prajapati	Data Entry Operator

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Executive Summary

Population Characteristics:

This study is sample survey representing the population of Bhaktapur district. There are all together 5026-sample respondents after screening inappropriately, wrongly filled and non-responded questionnaire. Among the 5026 sample population, numbers of male respondents are 2591 and female respondents are found to be 2434. This constitutes 51.6 % of males and 48.4 % of females. This gives the sex ratio for whole Bhaktapur district as 1.06, which is very much near to the figure published by CBS. This means there are 106 males per 100 females in the district.

Total household surveyed in this study were 858 after eliminating the non-responded households. Total population covered was 5026. Thus, average household size in the district comes out to be 5.85. It was found that males are more educated than the females.

1. Sample Plan:

Two-stage sampling is used with PPS in first stage and systematic sampling in second stage in all strata considered for the survey. Strata considered are (1) stratum-1: Rural area, (2) stratum-2: Madhyapur Thimi and (3) stratum-3: Bhaktapur Nagar area. In each stratum, 360 households is fixed to be surveyed. But due problem of acquiring recent hold list, only 79.44 % of targeted number of households could be surveyed. Stratum wise coverage are 98.61 % in rural area, 47.50 % in Madhyapur Thimi and 92.22 % in Bhaktapur Nagar area. The sample weights calculated for estimating the number of disables within each stratum is 75.35 for stratum-1, 58.62 for stratum-2 and 56.47 for stratum-3.

2. Percentage of Households reporting disables:

12.11 % of the households in Bhaktapur district have at least one disable person. Stratum wise corresponding percentages are 11.53 % in rural area, 11.75 % in Madhyapur Thimi and 14.04 % in Bhaktapur Nagar area.

3. Disability rate:

The percentage of disables in Bhaktapur district is found 3.06 %; 3.03 % in VDC's, 3.3 % in Madhyapur Thimi and 3.02 % in Bhaktapur Nagar area. The percentage found is eight times more than that reported in 2001 census but is same as reported in National Sample Survey, 1980.

4. Death Rates among disables:

The death rate among disables of Bhaktapur is found as 4.6 % i.e., 46.06 per thousand; 5.12 % VDCs, 7.03 % in Madhyapur Thimi and 1.66 % in Bhaktapur Nagar area. These rates are high as compare to current death rate of 13 per thousand (1.3 %) for Nepal.

5. Disability Rates by Sex and Age groups:

Among disables reported, 55.06 % are males. But in the whole population, the percentage of males a reported in 2001 census is only 50.91 %. The percentage reported in this survey though found much highe than that reported for all population, is low as compared to the percentage reported in 1980 survey (62.63 % males).

Also, the disability rate is found higher for males than for females with rates of 3.31 % for males an 2.81 % for females. Age wise, the rate is found much higher rate among older people, i.e., at age 50+ year than among younger people, the rates being 9.01 % for age group 50+ years, 2.01 % for age group 0-14 an 2.35 % for age group 15-49 years.

6. First Notice of Disability:

First notice of the disability was made for 46.43 % of disables at the age of 0-5 years, 22.63 % at the age of 19-60 years and 15.48 % at the age of 51+ years. The rest was made at the ages between 6 and 19 years.

7. Types of Disability:

Seven types of disabilities - Physical, Deafness, Blindness, and Epilepsies, Mental, Intellectual and others are included in this survey. It is found that 82.95 % of disables have only single disabilities and 17.05% of them have multiple disabilities . Among disables with single cases, highest percentage of 28.41% reported as suffering from 'Deafness' followed by 26.14 % from 'Physical defect' and 12.50 % from 'Blindness.' Epilepsies are reported in 5.68 % of disables. Percentage of disables reporting mental and intellectual defects are comparatively small accounting to 3.41 % and 2.27 % respectively. The disables who reported 'others', as cases of non specified disabilities accounted to 4.55 %.

Including multiple cases also, it is found that highest percentage of 32.95 % of disables are reported as suffering from Physical defects followed by 31.82 % from Deafness and 17.05 % from Blindness. Also intellectual defects along with other defects are observed among 10.23 % of the disables, mental cases along with other defects in 9.09 % of disables, Epilepsies along with other defects in 7.95 % cases.

The cases of Epilepsies, Intellectual and others are not included in the classification of disability used in

census data. Therefore, direct comparison of distributions of types of the disability reported in the present survey and those reported in census is not possible. But, if the cases of Epilepsies is included in the case of physical disability and intellectual disability and others are included in the case of Mental defect, the distributions of disables by types are found similar.

8. Types of Disability by Major age groups:

There is high percentage of disables with Physical defects in the age group 0-49 than in the age group 50+ years, the percentages being 25 % in former age group and 8 % in later group. On the other hand, high percentage of those having 'Blindness defects' is found in the age group 50+ ages with figures of 14.77 % as contrast to only 2.28 % in the age group 0-19 years. In case of 'deafness' too, the percentage is found increasing as the age increases, varying from 6.82 % for age group 0-19 to 13.64 % for the age group 50+ years. Though percentage of mental defects is found highest of order 4.55 % in the age group 20-49, highest percentage of intellectual defects is found among those in the age group 0-19 years. The case of epilepsies is not reported for older people (age group 50+).

9. Identifiers of the cases:

34.09 % of disables reported that they came to know about the defect by themselves and 51.14 % through family members and 6.82 % through themselves and family members. Altogether in 92 % of the cases, first identification was made by the disables themselves and their family members. In the remaining 8 % of the cases, health workers in 4.55 %, neighbors in 2.27 % are reported as first identifiers of the defects.

10. Causes of Disability by reasons:

The possible causes of disability included in the survey are: (1) Infectious disease, (2) Non-infectious disease, (3) By birth, (4) Malnutrition, (5) Accident, (6) Drug or alcohol addiction, (7) Mental disease, (8) Ageing, (9) others.

Survey shows that there are 11.24 % disables reported their cause of disability as infection followed by mental diseases which accounted to 10.11 %. Similarly, accident is reported by 5.62 % disables and age, birth, and non-infectious diseases accounted to 3.37 % each.

It is found that 94.38 % of cases of disabilities have occurred due to single causes and 5.62 % due to multiple causes. As regards to nature of the causes, it is surprising to note that no one has reported 'Malnutrition' and 'Drug/alcohol addiction' as causes. Instead, more than 40 % of the cases are reported as due to 'Others' group 0-14 years to 69.23 % for the age group 50+ years.. The overwhelming reporting of cause as 'Others' and non-reporting of the causes 'Malnutrition' and 'Drug/alcohol addiction' indicate that the cases of later

causes must have been stated as former one due to ignorance in case of malnutrition and due to sensitivity i case of drug/alcohol addictions.

Since, there is very little chance of drug abuse and alcohol addictions among children under 15 years the majority of the cases stating the cause as 'others' in the age group 0-14 might have referred to case o 'Malnutrition.' Similarly, for majority in other age groups, the cause 'others' cited might have referred to case of 'Drug/alcohol addiction.' If these prepositions are correct, it can be concluded that more than 50 % of th cases of disability among children occur due to 'Malnutrition' and in case of older people, more than 60 % o the cases occur due to drug or alcoholic addictions.

For the age group 0-4, other causes cited are 16.67 % each due to infectious diseases and by birth 11.11 % due to mental reason. For disables aged 14-49, other causes cited are 18.75 % due to menta reasons, 12.5 % each due to infectious diseases and accidents and 6.25 % due to non-infectious diseases. In case of disables aged 60+ years, other causes cited are 7.69 % each due to aging and infectious diseases 2.56% each due to non-infectious diseases, accidents and mental reasons.

Multiple causes are observed only among disables aged above 14 years. Among disables aged 15-49 6.25 % reported multiple causes, 3.13 % each due to 'accidents and others' and 'infection and mental case.' In case of older disables, the multiple causes cited are 2.56 % due to Infection + others, 5.13 % due to Ageing + others.

11. First Examiners of the case:

65 % of the disables were first examined by single healers and 35 % by more than one healer. Among different healers, Hospital alone examined 17.98 % of the cases, Hospital and others in 35.96 % of the cases, Vaidya alone in 15.73 % of the cases, Vaidya and others in 29.21 % of the cases It is surprising to note that no one was examined for the first time by the private medical doctor but along with others, they had examined 2.23 % of the cases. Also it is observed that Aji/Sudeni did not examine the cases for the first time but with others, they were stated to have examined 6.74 % of the cases. The cases first identified by Disability Organizations and clinics accounted to 6.74 % for each.

12 Treatments of Disables:

61.80 % of disables have gone through various treatments and 38.20 % have remained untreated.

13. Vaccinations:

It is found that only 34.09 % of those vaccinated have completed the entire course prescribed and 35.23 % not sure of whether they completed the course or not. This shows that majority of vaccinated disables

have not taken full course of vaccinations. The survey shows that only 26.97 % of disables have taken the full courses of all vaccinations prescribed and 2.25 % taking the full courses of BCG and Measles only. The prescribed vaccinations are BCG, Measles, DPT and Polio. It is heartening to note that great majority of disables i.e., about 66 % have not taken the full courses of vaccinations prescribed.

14. Vocational Training:

Only 15.73 % of disables have vocational training and they are all aged 20 years old and above. The percentages of disables aged 20 years and above, which have got vocational training is 21.88 %. Among those who reported that they have got vocational training, 28.57 % are trained in Agriculture, 7.14 % in agriculture and animal husbandry, 21.43 % each in Electricity and Sewing, 7.14 % each in Animal husbandry, Ceramics and work related to wood.

15. Employment and Memberships:

24.72 % of disables are found employed and 10 % of them are the members of social organizations. The employed and membership holders are all aged 20 years and above and their %'s among aged 20+ are 14.05 % and 34.38 % respectively. Among membership holders, 44.44 % are the members of disability organizations and rest the member of other social organizations. It is interesting to note that only one member of the organizations holds identity card. The distribution of employed disables by sectors of employments shows that 40.91 % of them are employed in business sector followed by 27.27 % in labor sector. Those who are employed in service sector account to 18.18 %.

16. Opportunity for Education:

46.34 % of disables have no opportunity for education. Of those who have opportunity, 37.08 % have already terminated the education and 12.36 % are still studying. Also it is observed that among those who attended formal education, 50 % have education up to primary level and 27.27 % up to higher level.

17. Entertainment Activities:

95.51 % of the disables do participate in entertainment activities. Eleven forms of different entertainment activities are included in this survey. But most all of the respondents reported 'Attending the feast' and 'Going to relatives' as same activity. Also the activities of Going to 'Fiat/fair' and performing 'worships' are found the same for most of them.

According to the survey 89.29 % of disables go to relatives and attend feasts, 19.10 % perform religious activities. Those who take part in playing and dancing activities account to 19.10 % and 9 % respectively

Next to visiting relatives and attending the feast, the major source of entertainment for the disables is T watching (74.16 %). Those who go for watching cinema in halls and take part in traveling for entertainmen account to 33.71 % and 26.97 % respectively.

The survey revealed that taking part in a particular activity is related to age of the disable person, for is seen that while only 33.33 % of disables aged 0-14 do take part in worship activities, percentages as high a 78.38 % in the age group 15-49 and 82.35 % in the age group 50+ do take part in such activities. On the othe hand, performing religious activities for the purpose of remedies of disability is likely to decrease as age advance This assumption is supported by the findings that while 33.33 % of disables aged 0-14 years do perform religious activities for remedial purposes, only 29.73 % of the age group 15-49 and none after attaining the 5 years do perform such activities.

18. Motivators for activities:

As regard to query about motivates, 75.28 % reported family as the motivators and 68.54 % reported themselves as the motivators. Those who reported friends and Social organizations as motivators accounted to 17.98 % and 7.87 % respectively.

19. Attitudes of Family and Society:

According to the survey, while 31.76 % of disables reported very good attitude of family towards them, only 9.30 % of them reported such attitudes from the society. As regards to bad attitude, 3.53% reported such attitude from the family and 4.65 % from the society.

SECTION 1

Introduction

Disability among certain people is an international phenomenon. Every section of the population all ver the world is found to have suffered from this problem. Various surveys conducted in different countries now that the incidence of disability varies from 8 % to 10 %. But in case of Nepal, the rate so far estimated far below above mentioned rates. Nepalese population censuses taken every ten years do provide figures on isables, but the figures reported appear to be highly understated, for according to 1971 census, the disability ate in Nepal was only about 0.013 % and according to recent census of 2001, the rate is about 0.46 % for vhole of Nepal and 0.35 % for the Bhaktapur district.

A sample survey conducted in Nepal about two decades ago, i.e., in 1980, on the occasion of nternational Year of Disabled Persons had reported the rate as high as 3 % for whole of Nepal. But a recent ample survey conducted by New Era, a social research organization reported the rate as low as 1.63 %. The liscrepancies in the rates as well as the low rates found in Nepal might be due to numerous reasons notable of hem being narrow definitions used in defining disables, attitudes of families for not reporting the cases as well as the biases in sampling designs used.

Disability is a social- medical problem and the rehabilitation of disables has been the major concern of many social organizations. In order to plan and execute the effective rehabilitation programs, authentic information about the volume of disables, their age and sex distribution, types, causes and their present ways of life must be available. A sample survey was conducted for this purpose and the report of the survey is presented in the following sections.

Objectives

The main objective of the study is to find out the proportion of Persons With Disabilities (PWDs) in the population of Bhaktapur District and the following are the specific objectives of the study:

i) To find the Age/Sex/Educational status of the PWDs.

ii) To find the professional activities of the PWDs.

iii) To find the reason behind disability.

iv) To find the mortality rate among the PWDs etc.

SECTION 2

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Community Health Library and Information Centre
CPHE - SOCHARA
Koramangala
Bangalore - 34
(CLIC)

Methodology

Sample Plan

Stratification:

Bhaktapur is smallest one among three districts situated within Kathmandu valley. It consists of three major spatial units – Bhaktapur city, Madhyapur Thimi and Rural areas. While Bhaktapur and Thimi are divided into sub-spatial units called Wards, 17 in each case, rural area is divided into 16 VDCs each consisting 9 wards. Bhaktapur city is an ancient one. Madhyapur Thimi is recently developed new urban centre with old settlements in its central part and fast growing new settlements in its outskirts, mostly along the areas joining the Araniko Rajmarga (Highway). Rural area consists of traditional villages. These spatial units are homogeneous within but heterogeneous between in terms of population compositions as well as in ways of life. Therefore for the purpose of the survey, Bhaktpur district is divided into these three distinct strata.

Sample Size:

Assuming that a household (a family) will have either no disabled member or at least one disabled person. The sample size of the households to be interviewed in each stratum is estimated at 360 (level of significance, á =5% and desired error in estimation, d =5 %). Therefore altogether 3×360 = 1080 families are targeted to be interviewed in the survey.

Sampling Frame:

A list of the number of houses, households and population at ward level in urban centers and at VDC level in rural areas is available. The list is used as the sampling frame for the survey. The list is given in Annex 1.

Sampling Design:

For each stratum, selections of samplings units are done by using two stages sampling – PPS in first stage and systematic sampling in the second stage. Better way is to use three stages sampling in case of VDC, but because of non availability of Ward level figures of VDCs, it is not done so. Also, in previous sample studies, cluster samplings were used for the surveys. But since the population within the stratum is homogenous, the validity of cluster sampling is in question. In order to minimize the biases due to systematic sampling especially when the sampling intervals are large, parallel samples are also proposed. In this study, parallel samples are also taken by interviewing next households of the selected households.

(Since still now, disability is considered as a social taboo in Nepalese families; many are hesitant or ignore to report the incidence of the case in their family thus leading to high underestimation of disability rate in

Nepal. But there is an attitude among Nepalese to point out the defects in others. Therefore they are highl likely to report the incidence of disabilities in neighborhood. Parallel sample taken from neighborhoods i expected to minimize the under coverage in the sensitive surveys like disability surveys.)

Altogether 4 sub-spatial sampling units in each stratum are selected in order to cover at least 25 % o the households reported in the stratum.

Selected Sample Spatial Units:

Selected VDCs and wards in different stratum; their number of houses; number of families in the sample are shown in Table 1. According to 2001 population census, there were altogether 16,681 houses and 19,667 families in VDCs of Bhaktapur district (stratum 1); 3602 houses and 6863 families in Madhyapur Thimi (stratum 2); 8945 houses and 12,080 families in old Bhaktapur city (stratum 3). The average ratios of families in a house, average number of persons in a family and average person in a house for VDCs are found respectively 1.18, 5.37 and 6.33 respectively. In case of Madhyapur Thimi, the figures are found 1.57, 4.94 and 7.77 respectively. In Bhaktapur city, the figures are respectively 1.35, 6.00 and 8.11. These figures indicate that urban areas have high ratios of families in a house as compared to those in rural areas.

Procedure of Estimation:

Since first stage selection is done by using PPS sampling, the total number of disables in each stratum has to be estimated by using corresponding sampling weights. The totals are obtained by multiplying the number of disables recorded for each stratum during the survey by the corresponding weights. The weights for the strata computed are 75.35 for stratum 1 (VDCs), 58.62 for stratum 2 (Thimi) and 56.47 for stratum 3 (Bhaktapur Nagar).

Table 1: Selected Wards/ VDCs with number of families

Selected VDCs	No. of Houses	No. of Families
	Stratum 1	
Sirutar	759	827
Gundu	986	1085
Sudal	1254	1345
Chhaling	1369	1491
Total	4368	4748
All	16681	19667
	Stratum 2	
w 4	202	343
w 10	308	381
w 15	918	1852
w 17	474	1027
Total	1902	3603
All	3602	9816
	Stratum 3	
w 1	704	808
w 6	404	513
w 12	455	609
w 15	622	1020
Total	2185	2950
All	8945	12080

Source: Present survey

Coverage of the Survey:

The number of households targeted to be surveyed, actually surveyed and non-responses are shown in Table 2. Out of targeted 1080 households to be surveyed; only 879 households could be contacted and of them only 858 households could be surveyed. This accounted to only 79.44 % coverage in total sample size proposed for the survey. This under coverage is mostly due to high under coverage in stratum 2 (52.5 % under coverage in the stratum) that occurred due to use of old list (of 1997) of households provided by CDO office. CBS though provides VDC and ward level figures, it does not provide list of households. Therefore surveyors have to use old list for identification of sample elements. Use of old list in newly developing areas such as

Madhyapur Thimi naturally results into high % of under coverage because in these area, number of house families, persons living are fast increasing due to in-migration. Therefore the use of old list becomes obsolete such areas.

There were altogether 21 non-responses among contacted households resulting into 2.39 % non responses. The non-response rate is least of abou 2.20 % in VDC and highest of 5.00 in Thimi Nagar. Thes non-response rates are reasonable, for in social survey 5 to 10 % non-responses are always expected.

Table 2: Coverage and Non-responses

Sub spatial units	No. of HH targeted to be surveyed	No. of HH visited	Non responding households	% of non responding households	No. of responding HH	% of responding HH
			Stratum 1			
Sirutar	90	107	0	0.00	107	118.89
Gundu	90	87	1	1.15	86	95.56
Sudal	90	85	0	0.00	85	94.44
Chhaling	90	84	7	8.33	77	85.56
	360	**363**	**8**	2.20	355	98.61
			Stratum 2			
W 4	90	35	0	0.00	35	38.89
W 10	90	53	9	16.98	44	48.89
W 15	90	41	0	0.00	41	45.56
W 17	90	51	0	0.00	51	56.67
	360	**180**	**9**	5.00	171	47.50
			Stratum 3			
W 1	90	96	4	4.17	92	102.22
W 6	90	95	0	0.00	95	105.56
W 12	90	77	0	0.00	77	85.56
W 15	90	68	0	0.00	68	75.56
	360	**336**	**4**	1.19	332	92.22
Total	**1080**	**879**	**21**	2.39	858	79.44

Source: Present survey

Definitions Used in the Study

The study is based on the definition given by Ministry of Women and Social Welfare and published in the Nepal Rajpatra dated 2056 Paush 5. Accordingly the various types of disabilities are defined as follows: (This is only unofficial translation of the Nepali version published by HMG, Nepal into English).

1. Body

A person who is unable to perform his/her daily activities due to the loss of the physical defects after, by births, by accidents or by any diseases.

2. Eye

2.1 Blind

A person who cannot see (even after the operation, medicine and using glass) finger from the distance of 10 ft. or who cannot read letters of first line (6/18) of the Snellen Chart.

2.2 Visually Impaired

A person who cannot see (even after the operation, medicine and using glass) finger from the distance of 20 ft. or who cannot read letters of fourth line of Snellen Chart.

3. Deaf

A person who cannot hear, cannot speak or speaks unclearly and who uses code, sign language for speaking, the hearing capacity of such person should be less than or equal to 80 db.

4. Hearing Impairment

A person who can hear only with hearing capacity within 65db to 80db and who takes support of hearing equipment.

5. Mentally Retarded

A person who is unable to perform his/her activities due to the defect in intellectual development which should have occurred before the age of 18.

6. Mental Disease

A person will be considered as mentally diseased if by birth or after birth an individual is mentally weak due to accident or disease or unable to perform his/her activities because of above-mentioned reasons.

7. Household

A household is defined in this study as a set of family members who share a common kitchen in a house

Identification of Persons With Disability

Identifying disable person in the field is a difficult task. It is clear that only technically fit person in t field can identify the disables properly. The field workers were trained for three days in a workshop. All t field workers were the regular staffs of the Bhaktapur CBR; so they were highly trained personnel. Obvious some parameters were necessary to identify the disables in the field and the followings were used as bas parameters.

A) Identification of Physical Impairment:

- Defect in body structure
- Unable or loss of function of organ
- Congenital defects
- State produced by accident or injury
- Uncontrolled movement of body structure or organ
- Standard rule of HMG

B) Identification of Blind people:

- Standard rule of HMG
- Mentioned distance in which person can see an object
- Related problems faced by blind people

C) Identification of Deaf people:

- Person who is using sign language for communication
- Unable to hear from 3 feet distances
- No reaction with loud voices, e.g., noises on starting vehicles, loaded truck going on ascending

D) Identification of Mental Retardation:

- Clumsy behaviors z
- Activities not performed as same age group
- Activities and behaviors not done according to his/ her age

E) Identification of Mentally Ill person:

- Awaked behavior
- Too much talk and vice versa
- Sudden emotional upset such as weeping, laughing, sad

- Jealousy
- Aloneness
- Suicidal thoughts
- Sudden change of daily activities

F) Epilepsy:

This study attempted to cover the cases of epilepsy as this leads person to disability. Also, epilepsy causes person mentally retarded if it is not treated with medicine. The following parameters have been used to identify the epilepsy during the field visit.

- H/O of Frequent fall down with unconsciousness
- H/O of taking medicine for fainting
- Fainting attack may happen at any place or time
- Diagnosed prescription of Doctor or Hospital
- Fainting with shaking of limbs and h/o tongue bites

Definitions

1. Impairment

- Loss of function of organ
- Loss or deformity/defect of organ
- Weakness of organ or part of body

2. Disability

- Affect in persons' life due to impairment
- Limited activities

3. Handicap

- Obstruction in
  - Equal opportunity
  - Participation
  - Rights
- Negative state produced by others

SECTION 3

Characteristics of the Population

Table I : Distribution of Total Population by Age and Sex

Age	Sex				Total	% of total
	Male	%	Female	%		
0-5	182	55.2	148	44.8	330	6.56
6-10	275	57.5	203	42.5	478	9.51
11-18	487	52.8	436	47.2	923	18.36
19-60	1462	50.1	1454	49.9	2916	58.02
61+	184	48.9	192	51.1	376	7.48
No response from respondent					1	0.00
Total	**2591**	**51.6**	**2434**	**48.4**	**5026**	**100**

From the above table, it is clear that males are found to be more in sample in all age groups except in the age group of the 61+. The highest proportions of the males are found to be in the age group of 6-10. In this age group the male proportion exceeds females by 15 %. The high proportion of females in the age group of 61+ may be due to the early marriage of the females. In this age, the males are more likely to die earlier than females because females marry earlier than males.

Table II : Distribution of Respondents by Sex and Education

Education Level	Sex		Total	Percent
	Male	Female		
Informal	152	189	341	
Child	66	40	106	
Special	4	6	10	
Total	**222**	**235**	**457**	9.73
Formal				
Primary	527	418	945	
Lower Secondary	260	194	454	
Secondary	572	343	915	
College	573	296	869	
Total	**1932**	**1251**	**3183**	67.78
Illiterate	256	800	1056	22.49
Grand Total	**2410**	**2286**	**4696**	**100**

Among the total respondents excluding 330 cases who are in the age group of 0-4, it is found th 67.78 % have formal education whereas 22.49 % of the respondents are illiterate. Illiterate in this study defined as a person who cannot read and write. Similarly those who are studied in child, special and inform education accounted to 9.73 %.

Situation of the Disabled

Disables Reported:

The numb r of living disables reported in primary sample and parallel sample and the number of decease disables found b the survey in different stratum are shown in Table 3. Altogether 89 disabled persons wer reported by primary samples, 25 in stratum 1, 25 in stratum 2 and 39 in stratum 3. Among those reporting

Table 3 : Reported Living Disables

Sub-spatial units	No of living disables reported		Average living disables
	Primary sample	Parallel sample	
Stratum 1			
Sirutar	6	25	16
Gundu	5	13	9
Sudal	7	9	8
Chhaling	7	13	10
Total	**25**	**60**	**43**
Stratum 2			
w 4	3		3
w 10	7		7
w 15	4		4
w 17	11		11
Total	**25**		**25**
Stratum 3			
w 1	13		13
w 6	19		19
w 12	5		5
w 15	2		2
Total	**39**		**39**
Grand Total	89		107

Source: Present survey

disables in their households, except for one case where one house reported two disables, other households reported only one case. Therefore, total number of households reporting at least one disabled person in their family comes to the figure of 88.

Table 3A : Death rates for different stratum

Stratum	Death Rate (Per 1000)
Rural Area	51.19
Thimi Nagar	70.37
Bhaktapur Nagar	16.64

Source: Present survey

Parallel sample taken in stratum 1 reported 60 disables in the stratum indicating very low enumeration of disables from the primary sample in this stratum. The low counting of disables in the stratum 1 from primary sample was expected because in this stratum large sampling interval has to be used for contacting sample households. To overcome this problem of under enumeration in the stratum, the average of disables reported in primary sample and parallel sample is taken as the estimate of disables covered in the sample survey conducted in the stratum 1. The average is 43. Therefore, total disables reported in the sampled households for whole of the Bhaktapur district is taken as 107. Accordingly the total number of household reporting at least one disabled persons is considered as106.

The death rate among disables in straum 1 is found 5.11 %, i.e., 51 per thousand. In stratum 2 and stratum 3, the rates are found 7.04 %, i.e., 70 per thousand, and 1.66 %, i.e., 17 per thousand respectively. The overall death rates among disables of Bhaktapur district is 4.6 %, i.e., 46 per thousand. The death rates observed for spatial areas and for whole of the district are high as compared to death rate of 13 per thousand reported for normal population of Nepal. The survey clearly indicates that the mortality rate among disables of Bhaktapur district is high.

Estimates of Disabled Persons and various rates:

The survey showed that on the average 12.11 % of the households in Bhaktapur district have at least one disabled persons in their families. Percentage of households having disables in their families is higher by about 3 % in Bhaktapur Nagar than in other spatial areas.

Table 4: Some Important Indicators

Important indicators	Stratum-1 (VDC)	Stratum-2 (Thimi)	Stratum-3 (Bhaktapur city)	Total
Total households surveyed	373	171	332	8768
Households reporting at least one disabled person	43	24	39	106
% of houses having at least one disabled person	**11.53**	**14.04**	**11.75**	**12.11**
Number of Disabled persons reported in the sampled households	43	25	39	107
Individuals covered in the affected households	1877	1130	1895	4902
% of persons affected in the sampled households	2.29	2.21	2.06	2.18
Estimate of total number of disables in the stratum	3240	1465	2202	6907
Total population in the stratum	105626	48537	72588	226751
% of disabled person in the stratum	**3.07**	**3.02**	**3.03**	**3.06**
Estimated total number of households with at least one disabled person	2382	1378	1419	5179

Source: Present survey

The numbers of disabled persons estimated by using sampling weights are 3240 in VDCs, 2202 in Thimi Nagar and 1465 in Bhaktapur city. Altogether, there are 6907 disabled persons in Bhaktapur district during 2001, according to this survey. This figure is much higher than the reported figure of 791 in 2001 census. **The average disability rate obtained by weighted method is 3.065 %, i.e., 30.6 per thousand.** The rate is quite consistent with national figure estimated by National Sample Survey of 1980 (30.03 disabled persons per thousand). Surprising, it is observed that there are not much variations in the disability rates computed for the strata considered for the present study.

Efficiency of Estimation:

The efficiency of the sample design is measured by the standard error (s.e.) of estimation. The average s.e. is found very small of the magnitude 0.005867, i.e., 0.58 %. But stratum-wise, however high s.e. of 1.06% is observed for Thimi area, the coefficient of variation is about 19.26 % for whole of the Bhaktapur district.

Stratum-wise CV's are 35.41 % in Thimi, 31.02 % in Bhaktapur and 29.83 % in rural areas.

Table 5 : Standard Errors and Coefficient of Variations

Stratum	p	q	pq/n	s.e	c.v
Thimi	0.030193	0.969807	0.00171	0.010694	35.41799
Bhaktapur city	0.030338	0.969662	8.86E-05	0.009413	31.02774
Rural	0.030672	0.969328	8.37E-05	0.009151	29.83671
All	0.030462	0.969538	3.44E-05	0.005867	19.26003

Source: Present survey

Disables in Neighborhood:

The disables contacted in the survey reported that 14.61% of their neighbors too have disabled persons that have not been covered in the survey.

Sex Distribution of Disables:

Sex-wise disables reported in the primary sample are 49 males and 40 females. On the basis of these figures, the percentages of disables by sex and sex ratio are estimated and presented in the second column of the following table. For comparisons, sex distribution of the population of Bhaktapur reported in 2001 census and sex distribution of disables reported in 1980 survey are also presented in third and fourth column.

Table 6 : Distribution of Disables By Sex and Ratios

Sex	Disables, present survey in %	Population, 2001 census in %	Disables, 1980 survey in %
Male	55.06	50.91701	62.63
Female	44.94	49.08299	37.37
Total	100.00	100	100
Ratio	1.23	1.037366	1.67

Source: Present survey, 2001 Population Census Report and Sample Survey 1980

The table shows that among all population, the males accounted to 51 %, a slight higher proportion of males than the proportion of females in the population. But according to present survey, the males among disables accounted to as high as 55.06 %. But this percentage is still low as compared to findings of 1980

proportion of males among disables than females.

Age Distribution:

Since the death rate among disables is high and this is especially at lower age groups, it is expected th the percentage of older people will be much higher among disables than among normal population. As expecte the table below shows the percentage of those aged 50+ years among disables as high as 38.2 % as compare to corresponding percentage of 13.0 % in all population. At still higher age group 60+ years, their proportio is found 29.22 % among disables contrast to 6.9 % found among normal population.

Table 7: Age Distribution: Disables vis-a -vis Population

Age group	Disables , present survey		Population, 2001 (Bhaktapur)	
	%	C. Total	%	C. Total
0—4	7.87	100.00	8.09	100.00
5--9	6.74	92.14	10.72	91.91
10--14	5.62	85.40	11.99	81.19
15--19	7.87	79.78	12.20	69.20
20--24	13.48	71.91	11.89	57.01
25--29	4.49	58.43	9.39	45.12
30--34	5.62	53.93	8.11	35.73
35--39	4.49	48.32	6.23	27.62
40--44	1.12	43.82	4.67	21.39
45--49	4.49	42.70	3.72	16.72
50--54	2.25	38.20	3.29	13.00
55--59	6.74	35.96	2.77	9.71
60--64	4.49	29.22	2.22	6.93
65--69	12.36	24.72	1.89	4.71
70--74	6.74	12.36	1.23	2.82
75+	5.62	5.62	1.59	1.59
Total	**100.00**		**100.00**	

Source: Based on present study and Population Census Report 2001

Disability Rates by Sex and Major Age Groups:

The survey showed that the disability among males is 0.50 % higher those than among females, 3.31 % for males and 2.81 % for females. The corresponding rates according to 1980 survey were 3.74 % for males and 2.26 % for females. Also, age-wise it is found that disability rate for older people, i.e., for those aged 50+

ears is much higher than for those aged below 50 years ages, the rates being 2.01 % and 2.35 % respectively or the age groups 0-14 and 15-49, and 9 % for age group 50+ years.

Table 8 : Disability Rates by Major Age Groups and by Sex, in %

Age	Male	Female	All
0—14	2.61	1.38	2.01
15—49	2.45	2.23	2.35
50+	9.09	8.92	9.01
All	3.31	2.81	3.06

Source: Present Survey

Types of the Disability:

The categorization of disability in this survey is different from those used in 1980 survey. In 1980 survey, types of disability is categorized into two major groups namely: physical and mental. All sort of disabilities that occur in the body of a person such as visual, auditory, upper limb and lower limb, neck, head or spine disabilities were considered as Physical disabilities and the mental disability was further classified as Severe, Moderate and Borderline cases. But in this survey, Visual and Auditory disabilities are separated from physical disability. Intellectual disability is considered as a separate case from mental disability. Also, mental case is not

Table 9: Distribution of Disables by Types (excluding one case of more than two disabilities)

Type	Single case		Multiple case		All	
	Number	%	Number	%	Number	%
Physical	23	26.14	6	6.8182	29	32.95
Deafness	25	28.41	3	3.4091	28	31.82
Blindness	11	12.50	4	4.5455	15	17.05
Epilepsies	5	5.68	4	4.5455	9	10.23
Mental	3	3.41	4	4.5455	7	7.95
Intellectual	2	2.27	6	6.8182	8	9.09
Others	4	4.55	3	3.4091	7	7.86
Total		**82.95**		**17.05**		

Source: Present Survey

further classified as was done in 1980 survey. The case of epilepsies is also considered as a component of disability in this survey. The distribution of disables by types specified in this survey is presented in Table 9.

The survey reported 82.95 % of the disables as constituting of the single case and 17.05 % as constitutin of multiple cases. According to types of the disabilities reported in the survey, the highest numbers were reporte as Physical disability (32.95 %) followed by Deafness (31.82 %) and Blindness (17.05 %). Mental and intellectu disabilities accounted to nearly 8 % and 9 % respectively. Among those reporting physical defects, 26.14 % accounted to single case and rest 6.8 % associated with other defects too. Similarly among those reportin deafness, 28.41 % accounted to single case and remaining 3.4 % with association with other defects. Thos reporting single case of mental defect is 3.41 % and those reporting single case of intellectual disability is 2.2 %. The distribution of multiple cases by types is shown in the Table 10.

Table 10: Distribution of Disables by Types of multiple cases

Type	Number	%	Type	Number	%
Physical + Deafness	1	1.14	Blindness + Epilepsies	1	1.14
Physical + Intellectual	3	3.41	Deaf + Intellectual	1	1.14
Physical + Epilepsies	1	1.14	Intellectual + Epilepsies	1	1.14
Physical +others	1	1.14	Mental + Epilepsies	1	1.14
Blindness + Deafness	1	1.14	Mental + others	2	2.27
Blindness + Intellectual	1	1.14	Total	15	17.05
Blindness +Mental	1	1.14			

Source: Present study

Comparison with 2001 Census figures:

The disability rate reported in this survey is 8.75 times more than that reported by the 2001 Census and 6.65 times more than that reported for whole of Nepal by the same census. The table below shows that the distribution of disables by types for Bhaktapur district and for whole of Nepal is similar.

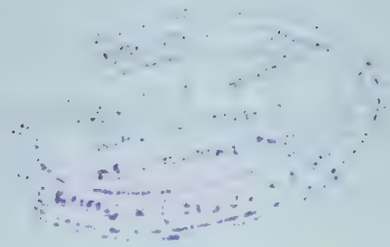

Table 11: Comparison of Distribution of disables by types

Disability rate in %	Bhaktapur		Nepal
	Present survey	2001 census	2001 census
	3.06	0.35	0.46
Types of disability	Distribution of Disables by types in %.		
Physical	26.14	40.55	39.01
Blindness	12..5	11.28	15.80
Deafness	28.41	29.27	24.42
Epilepsies	5.68		
Mental	3.41	10.90	12.59
Intellectual	2.27		
others	4.55		
Multiple	17.05	8.36	7.42
Total	**100.01**	**100.36**	**99.24**

Source: Present survey and 2001 Census Report

Since types of disability specified in this survey is more in number than that specified in the census, direct comparison of the distributions obtained in this survey and that obtained in the census may lead to wrong conclusions because the category physical disability considered in the census data appears to have included the category epilepsies too. Similarly the category mental appears to have included intellectual and others category of present study. However, the total %'s of mental, intellectual and others reported in this survey which is 10.23 %, is same as those reported by census data for Bhaktapur district. In case of blindness and deafness too, the distributions in this survey and that reported in the census are found similar.

The differences in distributions are observed only in the cases of physical defects and multiple cases. While the present survey reported 17.05 % as multiple cases, the Census reported this case as only 8.36 %. The high % of multiple cases in the survey as compared to those reported by the census has resulted into reduction of % in Physical category reported in the survey. However, if the case of epilepsies and the multiple cases associated with physical defects are included in the physical category, the %'s of disables in physical category reported in both census and this survey are found similar.

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Types of Disability by Major Age Groups:

It is expected that types of the disability are associated with their ages. The survey confirmed abov expectation by showing higher percentage of disa)les with physical defects in the age group 0-49 than in th age group 50+ years, the percentages being 25 % in former age group and 8 % in later group. On the othe hand, high percentage of those having 'Blindness defects' are found in the age group 50+ ages with figures o 14.77 % as contrast to only 2.28 % in the age group 0-19 years. In case of 'deafness' too, the percentage i found increasing as the age increases varying from 6.82 % for age group 0-19 to 13.64 % for the age grou 50+ years.

Table 12 : Types of Disability by Major Age Groups, in %

Age	Physical	Blindness	Deafness	Mental	Intellectual	Epilepsies	Others
0-19	13.64	2.28	6.82	1.14	6.82	4.55	3.41
20-49	11.36	0	11.36	4.55	1.14	5.68	3.41
50+	7.95	14.77	13.64	2.27	1.14	0.00	1.14
All	32.95	17.05	31.82	7.96	9.10	10.23	7.96

Source: Present survey

Though percentage of mental defects are found highest of order 4.55 % in the age group 20-49, highest percentage of intellectual defects are found among those in the age group 0-19 years. The epilepsies disease is not reported among older people, i.e., in the age group 50+.

First Notice of the Defects by Age:

Incidence of disability occurs at birth as well as at various ages. Though the incidence might have occurred long ago, it might be noticed later on only. As regards to first notice of the defects, out of 89 disables

Table 13: First notice of occurrence of the defects by age

Age at	Valid	%
0-5	39	46.43
6-10	7	8.33
11-18	6	7.14
19-60	19	22.62
61+	13	15.48
All	84	100.00
Non responses	5	5.62

Source: Present survey

nterviewed 5 did not respond. Among those responded, first notice of the defect was made at the age group 0-5 years in 46.43 % cases, at the age of 19-60 years in 22.62 % of the cases and at the age 61 years and above in 15.48 % cases.

Identifiers of the Defects:

As regards to query about who first identified the defect, one disabled person did not respond. Among those responded, 34.09 % reported that they came to know about the defect by themselves and 51.14 % through family members and 6.82 % through themselves and family members.

Table 14: Sources of First Information about the case

Source	Number	Frequency
Self	30	34.09
Self + Family members	6	6.82
Family member	45	51.14
Health workers	4	4.55
Neighbors	2	2.27
Others + Family	1	1.14
All	88	100.00
Non response	1	
Total	89	

Source: Present survey

Altogether 92 % of the cases were first identified by the disables themselves and their family members. In the remaining 8 % of the cases, Health workers in 4.55%, Neighbors in 2.27% identified the defects.

Cause of Disability:

Disability occurs due to numerous causes. In some case, it is may be due to single cause and in other cases it may be due to multiple causes. The possible causes included in the survey are (1) Infectious disease, (2) Non-infectious disease, (3) By birth, (4) Malnutrition, (5) Accident, (6) Drug or alcohol addiction, (7) Mental disease, (8) Ageing and (9) Others. The age-wise distribution of disables by causes are presented in Table 15a and 15b.

Table 15a: Distribution of disables by age and cause

Single Case

Age	Infection	Non infection	Birth	Accident	Mental	Age	others	All
0-14	16.67	0.00	16.67	0.00	11.11	0.00	55.56	100.00
15-49	12.50	6.25	0.00	12.50	18.75	0.00	43.75	93.75
50+	7.69	2.56	0.00	2.56	2.56	7.69	69.23	92.31
Total	11.24	3.37	3.37	5.62	10.11	3.37	57.30	94.38

Source: Present survey

The survey showed that 94.38 % of disabilities occurred by single causes and 5.62 % by multiple causes. It is surprising to note that no one has reported the causes as 'Malnutrition' and 'Drug/alcohol addiction.' Instead, the cause 'Others/don't know' are stated by more than 40 % of the disables belonging to all age groups. Surprisingly, 34.83 % (not shown in the table) of disables do not know their cause of disability. The percentage of those reporting 'Others' as the cause is 22.47 % (not shown in the table). The overwhelming reporting of cause as 'Others' and non-reporting of the causes 'Malnutrition' and 'Drug/alcohol addiction' indicate that the cases of later causes must have been stated as former one due to ignorance in case of malnutrition and due to sensitivity in case of drug/alcohol addictions.

Since, there is very little chance of drug abuse and alcohol addictions among children under 15 years, the majority of the cases stating the cause as 'Others' in the age group 0-14 might have been referred to the case of 'Malnutrition.' Similarly for majority in other age groups, the cause 'Cthers' cited might have been referred to the case of 'Drug/alcohol addiction.'

Besides the cause 'Others' reported, other reasons reported by the disables in the age group 0-14 are 16.67% each due to infectious diseases and by birth, 11.11% due to mental. In case of disables aged 14-49, reasons stated are 18.75 % due to metal reasons, 12.5 % each due to infectious diseases and accidents;

Table 15b: Distribution of Disables by Age and Cause

Multiple Case

Age	Infection + Others	Accidents + Others	Age + Others	Infection + Mental	All
0-14	0.00	0.00	0.00	0.00	0.00
15-49	0.00	3.13	0.00	3.13	6.25
50+	2.56	0.00	5.13	0.00	7.69
Total	1.12	1.12	2.25	1.12	5.62

Source: Present survey

6.25% due to non-infectious diseases. In case of disables aged 60+ years, reasons stated are 7.69 % each due to aging and infectious diseases; 2.56 % each due to non-infectious diseases, accidents and mental reasons.

Multiple causes are observed only for disables aged above 14 years. Among disables aged 15-49, 6.25 % reported multiple causes, 3.13 % each due to 'Accidents and others' & 'Infection and mental case.' In case of older disables, the multiple causes cited are 2.56 % due to 'Infection and others', 5.13 % due to 'Ageing and Others.'

Distribution by First Examiners of the defect:

The survey revealed that in 65 % cases, the disables were first examined by single different healers and in 35 % cases they were examined by more than one healer.

Table No 16: Distribution by those who first examined the case

Healers who first examined the case	Single	%	and others	%	All	%
Vaidya	14	15.73	12	13.48	26	29.21
Health Post	3	3.37	2	2.25	5	5.62
Disability Organization	6	6.74	1	1.12	7	7.87
Clinic	6	6.74	3	3.37	9	10.11
Hospital	16	17.98	16	17.98	32	35.96
Private Doctor	0	0.00	2	2.25	2	2.25
Special Hospital	5	5.62	0	0.00	5	5.62
Ajima/Aji/Sudeni	0	0.00	6	6.74	6	6.74
Others	8	8.99	8	8.99	16	17.98

Source: Present survey

The table above shows that Hospital alone examined 17.98 % of the cases, hospital and others 35.96% of the cases, Vaidya alone in 15.73 % of the cases, Vaidya and others in 29.21 % of the cases. It is surprising to note that no one is examined for the first time by the private medical doctor but along with others, only in 2.23 % of the cases they were stated to have examined the defects. Similarly, the defects were not examined for the first time by Aji/Sudeni alone but with others, they were stated to have examined the defects in 6.74 %of the cases. The cases first identified by Disability organizations alone and clinics alone accounted to 6.74 % of the disables in each case.

(**Note**: *Vaidya is aurvedic medical person. Doctor is a modern medical officer. Aji and Sudeni are the traditional medical practitioners. They are mostly women engaged in delivering child births. Ajima is one of the renowned goddess who is supposed to cure most of the physical and mental problems.*)

Treatments of Disables:

Disables though examined by Aurbedic or modern medical personnel or faith healers or soci organizations, may or may not have treatments done for their defects discovered. The survey revealed th 61.80 % of disables have gone through various treatments and 38.20 % remaining untreated.

Vaccinations:

As preventive measures of diseases, children are often given different vaccinations .These vaccinatio are administered in different doses at different times in order to complete the full course. In order to b effective, the course of the vaccination should be completed. But due to numerous reasons especially due t time lags between two successive doses, the courses are often not completed. The survey revealed that onl 34.09 % of those vaccinated reported that they have completed the entire course prescribed. And 35.23 % reported that they are not sure of whether they completed the course or not. This shows that majority o vaccinated disables have not completed the full course of vaccinations.

Table 17: Vaccination against disease

Vaccination against the disease	Frequency	%
The course Completed	30	34.09
The course not completed	27	30.68
Do not know	31	35.23
Total	88	100
System Missing	1	
Total	89	

Source: Present survey

The survey showed that 26.97 % of disables have completed the full courses of vaccinations they are supposed to take. The vaccinations they are supposed to take in full courses are BCG, Measles, DPT and Polio. In 2.25 % case they have completed the full course of BCG and Measles only.

Table18: Disables by Types of Vaccination taken

Categories	N	%
BCG, Measles, DPT and Polio	24	26.97
BCG and Measles only	2	2.25
Not specified	4	4.49
Not completed	59	66.29
Total	89	100

Source: Present survey

It is heartening to note that great majority of disables i.e. about 66 % have not completed the full courses of vaccinations prescribed.

Vocational Training:

For rehabilitation of disables, they are supposed to be given different vocational trainings. The survey showed that only 15.73 % of disables have vocational training and they are all 20 years old and above. The percentages of disables aged 20 years and above, which have got vocational training is 21.88 %.

Table 19a: Disables by Vocational Training and by Age

AGE	Number	%
0--19	0	
20 years+	14	21.88
Disables aged 20+	64	
Disables with training	14	15.73
Disables without training	75	84.27
All	89	100.00

Source: Present survey

Among those who reported that they have got vocational training, 28.57 % are trained in Agriculture, 7.14 % in agriculture and animal husbandry, 21.43 % each in Electricity and Sewing, 7.14 % each in Animal husbandry, Ceramics and work related to wood.

Table 19b: Trainees by Area of Training

Type	Number	%
Agriculture	4	28.57
Electricity	3	21.43
Animal	1	7.14
Ceramics	1	7.14
Sewing	3	21.43
Animal +Agriculture	1	7.14
wood	1	7.14
All	14	100.00

Source: Present survey

The data clearly shows that they are mostly trained in agriculture related fields.

Employment and Memberships:

The %'s of disables that are employed and hold memberships of the social organizations are shown i the following table.

Table 20: Employed and Membership holders

Status	Number	Total	%
Employed	22	89	24.72
Member	9	89	10.11

Source: Present surve

The table hows that 24.72 % of disables are found employed and only 10 % of them are the member of social organizations. The employed and membership holders are all aged 20 years and above and their %' among aged 20+ are 14.05 % and 34.38 % respectively. Among membership holders, 44.44 % are the members of disability organizations and rest the member of other social organizations. It is interesting to note that only one member of the organizations holds identity card. The distribution of employed disables by sectors of employed are shown in the following table.

Table 21: Sectors of Employment

Sectors of Employment

Sector	Number	%
Business	9	40.91
Labor0	6	27.27
Service	4	18.18
Other	3	13.64
Total	22	100.00

Source: Present survey

The table shows that 40.91% of them are employed in business sectors followed by 27.27% in labor sector. Those who are employed in service sector account to only 18.18%.

Opportunity for Education:

The survey shows that 46.34 % of disables have no opportunity for education. Of those who have opportunity, 40.24 % have already terminated the education and 13.41% are still studying.

Table 22: Opportunity for Education

Educational opportunity	Frequency	Percent
Having formal education but terminated at certain level	22	26.83
Having informal education but terminated after some study	11	13.41
Not having opportunity	38	46.34
Studying	11	13.41
Total	82	100

Source: Present survey

Excluding 7 cases of age group 0-4 yrs.

The distributions of those who have opportunity for formal education but terminated after the completion of some levels are shown in the following table.

Table 23:Level of Formal Education attended

Level	Frequency	%
Primary	11	50.00
Lower Secondary	5	22.73
Campus	6	27.27
Total	22	100.00

Source: Present survey

The table shows that 50 % of those who attended formal education have only up to primary education and those who attended up to college level education accounts to only 27.27 %.

It is interesting to note that among the formal education holders, 44.45 % (18 out of 22) are under the age of 20. This indicates that the elder disables are more educated than that of older disables. It may be the changing attitude of society towards the disables. Further, disables of the age group 30 and over constitute only 18 % (4 out of 22). It can be said that the younger generation of the disables are getting more access to the education than that of the older generation disables.

Entertainment Activities:

The survey reveals that 95.51 % of the disables do participate in entertaining activities. Eleven forms of different activities are included in this survey. However, for almost all of the respondents, the activities Attending

the feast and Going to relatives are found the same activity; Also the activities of Going to Fiat/fair and performing doing worships are found the same for most of them. The distribution of disables participating in different forms of activities that give them some entertainment is shown in the following table.

Table 24: Distribution of Disables by Sectors of Entertaining Activities

Sector	Form	Number	%
Social	Relatives/Feast	80	89.89
Religious	Fiat/Fair/ Worship	64	71.91
	Religious activities	17	19.10
Playing	Playing	17	19.10
	Dancing	8	8.99
Entertainment	Cinema	30	33.71
	TV Watching	66	74.16
	Traveling	24	26.97
	Others	1	1.12

Source: Present survey

According to the survey, 89.29 % of disables go to relatives and attend feasts, 19.10 % perform religious activities. Those who take part in playing and dancing activities account to 19.10 % and 9 % respectively. Next to visiting relatives and attending the feast, the major source of entertainment for the disables is TV watching (74.16 %). Those who go for watching cinema in halls and take part in traveling for entertainments account to 33.71 % and 26.97 % respectively.

Some activities participated by the persons may be related to age of the person concerned. The percentages of disables by age groups that take part in Puja /Aaja (worship) activity are shown in Table 24.

Table 25: Distribution of disables by Age and worship activities

Age	Reported	Total	%
0-14	6	18	33.33
15-49	29	37	78.38
50+	28	34	82.35
Total	63	89	70.79

Source: Present survey

From the table, it is seen that while only 33.33 % of disables age 0-14 take part in worship activity,

percentages as high as 78.38 % in the age group 15-49 and 82.35 % in the age group 50+ do take part in such activities. The conclusion is that as age advances, more is the participating in Worship activities. On the other hand, performing religious activities for remedies of disability is highly likely to decrease as age advances. This assumption is supported by the following table.

Table 26: Distribution of Disables by Religious Activities and Age

Age	Reported	Total	%
0—14	6	18	33.33
15—49	11	37	29.73
50+	0	34	0.00
Total	17	89	19.10

Source: Present survey

The table shows that while 33.33 % of disables aged 0-14 years perform religious activities for remedial purposes, only 29.73 % in the age group 15-49 and none in age 50+ are found to have taken part in such activities. Also it is observed that taking part in worships and performing religious activities is same for young disables and such activities are done mainly for the purpose of remedies of the deforms associated with.

Motivators for Activities:

As regard to query about motivators, 75.28 % reported family as the motivator and 68.54 % reported themselves as the motivator. Those who reported Friends and Social organizations as motivators accounted to 17.98 % and 7.87 % respectively.

Table 27: Distributions by Motivators

Motivator	Valid	Total	%
Family	67	89	75.28
Organization	7	89	7.87
Self	61	89	68.54
Friends	16	89	17.98

Source: Present survey

Attitudes of Family and Society:

An attitude towards disables is very important social aspect of disability problem. The attitudes of family and society as a whole towards disables may differ. According to the survey, while 31.76 % of disables

reported very good attitude of family towards them, only 9.30 % of them reported such attitudes from t
society. As regards to bad attitude, 3.53 % reported such attitude from the family and 4.65 % from the socie

Table 28: Attitudes of Family and Society

Attitude	Family		Society	
	Number	%	Number	%
Very good	27	31.76	8	9.30
Good	51	60.00	61	70.93
Not bad	4	4.71	13	15.12
Bad	3	3.53	4	4.65
Responses	85	100.00	86	100.00
Non responses	4	4.71	3	3.49

Source: Present surve

Conclusion

Males are more disabled than females. The percent of female is found to be 44.06. As regards to the profession, only 14.05 % of the disables above 20 years of age are employed. Among them, the highest proportion of disables are employed in business sector followed by labor sector whereas no one case is reported in the industrial sector. From this fact it can be concluded that the disables are not actively participating in the income generation programme.

Physical disability is main type of disability found in the district. It accounted to 33 % and is followed by deafness and blindness. Their proportions are 31.82 % and 17.05 % respectively. Mentally retarded and mental diseases are also found large in numbers, their proportions are 9.10 % and 7.96 % respectively.

It is interesting to note that among the 50+ disables only 7.69 % stated their cause of disability as age factor. Hence the estimation of disables made is not influenced by the age factor. Infection and mental diseases are found to be one of the major causes for disability in the study area. High proportion of infection is found to be in the age group of 0-14.

It is found that most of the disables participate in the entertainment activities. No unsatisfactory results were seen in this context. It is found that 89.29 % of the disables go to relatives and attend feasts. It is expressed that the attitude of family towards them is not bad. Only 3.53 % of disables expressed the attitude of their family as bad whereas 4.65 % of disables expressed bad social attitude towards them.

To sum up, the situation of the disables in Bhaktapur District cannot be considered as good, as it revealed by the study. Education is key to all mankind, but with regards to disabled majority of them have not access to the education. Clearly, if this continues as a trend the future of the disables will not be different from as it is now.

Recommendations

1) The study revealed that the death rate among the disabled is high. There are 46 deaths per thousand. Hence the programme to prevent the death of disables should be launched.
2) Majority of disabled persons (66%) have not completed the vaccination course and hence awareness programme should be launched so that importance of vaccination could be filled by those of disables or that of the people itself.
3) Only 15.73 % of disables have vocational training. This is very important for the disables by which they can stand themselves and helps in leading their life independently. Hence such type of trainings should be conducted focusing specially to the disables.

4) Only 22.72 % of total disables found in the survey are employed. This also cannot be considered as th satisfactory figure. Hence employment generation programme should be launched effectively focusin disables.

5) Out of 82 disability cases 46.34 % of disables have no opportunity for education and out of those wh have access to the education only 13.41 % are studying till now remaining 86.59 % have already left th education. So education opportunity should be created.

6) No one disabled person identified in the survey, visited doctor for the first time for check up. Instead heavy majority of them first went to Dhami/Jhankri and Vaidya (local healers). Hence it is highly recommende that the health services should be made available easily.

Limitation of the Study:

- The sample frame was developed by the household list of 2057 provided by CDO office as latest household list were not available. This could have underestimated the proportion of disables.

- There were low response rate in the Madhyapur Thimi stratum in comparison to other strata and no households were replaced in order to avoid bias in estimation.

- Due to the very low resources available, e.g., finance, manpower, the study pinpointed to the disables only and no further population characteristics have been studied except variables like age, sex and education.

- Disables, those living in the institution have not been taken into account in this study.

- Data entry and field were carried out by the team of Bhaktapur CBR under the guidance of the KRN.

- Sample design, data analysis and report preparation was carried out by KRN.

SECTION 4

Appendixes

Appendix -1: Houses, Households and Population

	Rural Area				Madhyapur Thimi				Bhaktapur Nagar		
VDC	H	HH	P	W	H	HH	P	W	H	HH	P
Bageshowri	854	916	4917	1	408	447	3023	1	704	808	5210
Chhaling	1369	1491	7665	2	264	272	1660	2	535	538	3988
Chittapol	791	1003	5433	3	386	460	2746	3	474	600	3328
Jhaukhel	1131	1200	6712	4	202	342	1884	4	817	1009	6090
Nagarkot	694	806	4236	5	275	347	1805	5	585	746	4586
Nankhel	916	933	5471	6	226	283	1401	6	404	513	3169
Sipadole	1095	1449	7052	7	355	518	2704	7	531	723	4618
Sudal	1254	1345	7088	8	336	434	2382	8	501	595	3580
Tathali	1019	1066	5664	9	311	378	2053	9	318	418	2598
Balkot	1145	1425	7480	10	308	381	1942	10	477	715	4186
Changunarayan	1017	1097	5674	11	363	406	2263	11	478	534	3708
Bhimkot	1216	1363	7287	12	293	400	2213	12	455	609	4129
Duwakot	948	1176	6666	13	397	725	3212	13	360	463	2644
Gundu	986	1085	5945	14	275	434	2205	14	545	838	5038
Katunje	1487	2485	13846	15	918	1852	7485	15	622	1020	5189
Sirutar	759	827	4490	16	451	1110	4837	16	431	737	3597
All	16681	19667	105626	17	474	1027	4722	17	708	1214	6930
District	31868	41563	226751	All	6242	9816	48537	All	8945	12080	72588

H - House number, HH - Household, P - Population, W - Ward No.

Appendix - 2: Organizations working in Bhaktapur District in the sector of disability

S.N.	Name of Organization & Contact Address	Type of Disability	Type of Services provided	Established year
1	Association of the Welfare of the Mentally Retarded	Mentally Retarded Persons	Family counseling, Provision of schools, Home Visit, Vocational training, Sports and recreation, Awareness program	2042
2	Bhaktapur Association of parents of the Deaf People	Deaf	Awareness and Sign Language, Vocational training, Recreation sports	2055
3	Bhaktapur Deaf Association	Deaf and Hard of Hearing	Nepali Sign language awareness programme, Leadership programme, Cultural programme, International & national sharing & learning programme, Vocational training to make dictionary of Nepali sign language	2052
4	Nepal Association of the Blind Bhaktapur (NAB) Barahisthan Bhaktapur, Nepal	Blind People	Awareness program, Advocacy, Vocational training, Employment, Leadership training etc.	NA
5	Bhaktapur CBR Organization	All type of PWDs	Disability assessment, Counseling, Home visit, Medical cure and referrals, education, assistive device, Vocational training, Income generation program, Prevention and awareness program	1985
6	Resource Center for Rehabilitation and Development Nepal	Working with all types of disability related organizations and people	Information documentation and dissemination, Human resource development in disability related organization by training, develop IEC materials, advocacy on rights of PWDs, Networking among organizations and people, Organizational development	1997
	Voice for Equal Opportunity (VEO)	All type of PWDs	Awareness Vocational Training and Income generation program	1996

8	Susta Manasthiti Kalyan Vidhalaya (AWMR) Bhaktapur Barahisthan, Bihani Secondary School, Tel: 6610840	Mentally Retarded Persons	Family counseling, Provision of schools, Home Visit, Vocational training, Sports and recreation, Awareness programme	NA
9	Green Life Institution Trolley bus park, Surybinayak - Bhaktapur Nepal, Tel : 6614028	Physical disability	Produce wheelchairs and distribution	NA
10	Manab Vidhyagriha (AWMR)	Mentally Retarded Persons	Family counseling, Provision of schools, Home Visit, Vocational training, Sports and recreation, Awareness program	2044
11	Adarsha Secondary School (NAWB)	Blind People	Integrated school for Blind children	2043
12	Mary Knoll Nepal Aasha Deeep Day Care Center for Mentalill	Mentall illness	Counseling, Treatment & day care facilities	2001
13	Madhyapur Sustamansthiti Sangh, Thimi	Mentally Retarded Persons	Awareness, Advocay, Home visit, Games/Sports	2057
14	Nepal Netrajyoti Sangh, Bhaktapur Branch	Visual Impairment	Training for school teacher on Eye	

Appendix - 3: Glimpse of CBRO – Bhaktapur

CBRO - Bhaktapur

At the beginning, M.R. School was initiated in the year 1985 by Bhaktapur Jaycees.

CBRO-Bhaktapur was started in 1985 by Bhaktapur Jaycees with 11 disabled children in Bhaktapur Municipality area.

The organization was initiated with the help of UNICEF-Nepal. At present Save the Children-Norway is supporting from 1990 onwards.

The organization was registered and developed as autonomous body in District Administrative Office -Bhaktapur since 1999.

Target:

All types of people with disability in Bhaktapur (2 municipalities and 16 VDCs) and beyond Bhaktapur districts.

Vision:

CBRO envision a society with less disability incidence and children and person with disability will be visible and enjoy their rights of equal opportunities & inclusion.

Mission:

Facilitate comprehensive community based disability prevention and rehabilitation services for the realization of right of the children and person with disabilities.

Strategies:

1. To create, facilitate and provide rehabilitation services in the early stage of childhood to reduce the impact of impairment and disability.
2. Inclusion and participation of children/ person with disabilities in the mainstream of society by providing rehabilitation services and awareness programme.
3. To initiate preventive measures to reduce the disability incidence.
4. To establish linkage & network with key stakeholder and service providers.
5. To strengthen sustainability of the programme & organization through various fund-raising measures.
6. To advocate for CBR approach and rights of the children with disability & CRC.

Activities:

A. Rehabilitation activities

Early identification and prevention of disability

Home-based programme

Ear Clinic

Mother and Child Health Clinic

Immunization

Family Planning

Mobile School Health Programme

Sensitization and awareness programme on disability issues

Awareness programme on prevention of HIV/AIDS

Opportunities for Vocational training

Create loan for self-employment

Job placement

Counseling

B. Preventive activities

Parent meeting and health education

General health checkup

Medical intervention and referral services

Create educational opportunities

Integration and inclusion of assertive devices CWDs in general and special school

Day Care Center for multiple disabilities

Run school for deaf

Insure the provision of assertive devices

C. Mobilize internal, local, national and international resources for the sustainability of the programme and organization.

D. Develop networking with GOs, NGOs and INGOs for service coordination.

Appeal:

Your every support (Financial, Technical and materials) make a sense in the life of PWDs and will help them to include in the mainstream of the society.

For Financial Support:

Account No: 20254-40

Nepal Investment Bank Ltd., Suryavinayak, Bhaktapur

Contact for further information:

CBRO -Bhaktapur

Indrayani Pith, Khauma -15, Bhaktapur

Ph: 977-16-610277

Fax: 977-16-612630

E-mail: cbrbkt@ntc.net.np

Appendix - 5: Map of Bhaktapur District

Deafness (Hearing)

Orthograposis (Physical)

Down's Syndrom (M.R.)

Cerebral Palsy (Physical)

Rickets (Physical)

Club Foot

Cleft lip

Spina Bifida

Muscular Dystrophy

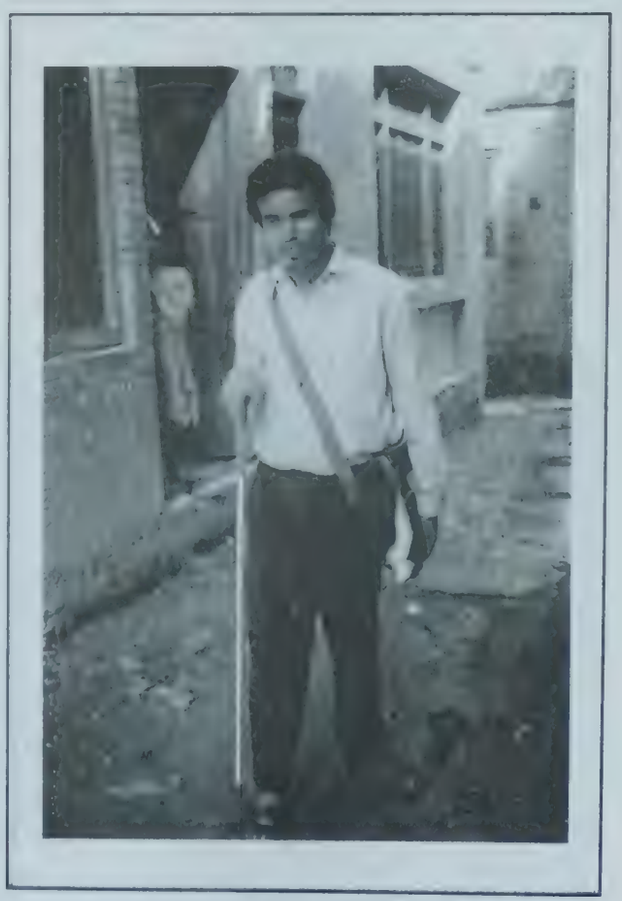
Brittle Bone (Very Weak Bone)

Hypothyroidism (M.R.)

Mental Retardation

Hydrocephalus

Poliomyelitis



Visual Impairment

ABBREVIATIONS

CBR	=	Community Based Rehabilitation
CBS	=	Central Bureau of Statistics
VDC	=	Village Development Committee
BCG	=	Bacillus Calmette Gueriney
DPT	=	Diptheria, Pertusis, Tetanus
PWD	=	People with Disabilities
PPS	=	Probability Proportion to Size
CDO	=	Central District Officer
HMG	=	His Majesty's Government
CV	=	Coefficient of Variation

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